

As a below named inventor, I declare that

DECLARATION

MAY 29 2001

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or a original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **ELECTROMYOGRAPHY SYSTEM** the specification of which was filed on November 24, 2000 as Application No. 09/722,070.



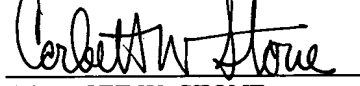
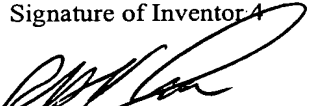
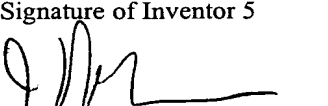
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/167,416	November 24, 1999

Full Name of Inventor 1:	Last Name: <b>KELLEHER</b>	First Name: <b>BRIAN</b>	Middle Name or Initial: <b>S.</b>
Residence & Citizenship:	City: <b>Ramona</b>	State/Foreign Country: <b>California</b>	Country of Citizenship: <b>United States</b>
Post Office Address:	Post Office Address: <b>16999 Sky Valley Drive</b>	City: <b>Ramona</b>	State/Country: <b>California</b> Postal Code: <b>92065</b>
Full Name of Inventor 2:	Last Name: <b>MARINO</b>	First Name: <b>JAMES</b>	Middle Name or Initial: <b>F.</b>
Residence & Citizenship:	City: <b>La Jolla</b>	State/Foreign Country: <b>California</b>	Country of Citizenship: <b>United States</b>
Post Office Address:	Post Office Address: <b>2620 St. Tropez Place</b>	City: <b>La Jolla</b>	State/Country: <b>California</b> Postal Code: <b>92307</b>
Full Name of Inventor 3:	Last Name: <b>STONE</b>	First Name: <b>CORBETT</b>	Middle Name or Initial: <b>W.</b>
Residence & Citizenship:	City: <b>San Diego</b>	State/Foreign Country: <b>California</b>	Country of Citizenship: <b>United States</b>
Post Office Address:	Post Office Address: <b>12212 Misty Blue Court</b>	City: <b>San Diego</b>	State/Country: <b>California</b> Postal Code: <b>92131</b>
Full Name of Inventor 4:	Last Name: <b>VAUGHN</b>	First Name: <b>ROBIN</b>	Middle Name or Initial: <b>H.</b>
Residence & Citizenship:	City: <b>Escondido</b>	State/Foreign Country: <b>California</b>	Country of Citizenship: <b>United States</b>
Post Office Address:	Post Office Address: <b>3045 Mary Lane</b>	City: <b>Escondido</b>	State/Country: <b>California</b> Postal Code: <b>92025</b>
Full Name of Inventor 5:	Last Name: <b>OWENS</b>	First Name: <b>JEFFREY</b>	Middle Name or Initial: <b>H.</b>
Residence & Citizenship:	City: <b>Monkton</b>	State/Foreign Country: <b>Maryland</b>	Country of Citizenship: <b>United States</b>
Post Office Address:	Post Office Address: <b>14 Henderson Hill Court</b>	City: <b>Monkton</b>	State/Country: <b>Maryland</b> Postal Code: <b>21111</b>

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 1  BRIAN S. KELLEHER Date 4-24-01	Signature of Inventor 2  JAMES F. MARINO Date 4/23/01	Signature of Inventor 3  CORBETT W. STONE Date 5/1/01
Signature of Inventor 4  ROBIN H. VAUGHN Date 5/2/01	Signature of Inventor 5  JEFFREY H. OWENS Date 5/14/01	

Please type a plus sign (+) inside this box



PTO/SB/81 (10-00)

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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number 09/722,070  
Filing Date November 24, 2000  
First Named Inventor Brian S. Kelleher  
Group Art Unit  
Examiner Name  
Attorney Docket Number 18608002910

I hereby appoint:

☒ Practitioners at Customer Number

20350

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Number Bar Code  
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☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Title ELECTROMYOGRAPHY SYSTEM  
Assignee NuVasive, Inc.  
Printed Name  
Title  
Signature  
Date May 15, 2001  
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.  
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